

Responsible Restart Ohio

Health Screening

Questions for Use with Customers (administered verbally by employee)

	YES	NO
Are you experiencing the following symptoms? <ul style="list-style-type: none">• Fever or Chills• Cough• Shortness of breath or difficulty breathing• Fatigue• Muscle or body aches• Headache• New loss of taste or smell• Sore throat• Congestion or runny nose• Nausea or vomiting• Diarrhea		
Have you been in contact with someone know of presumed to have COVID-19 within the past 14 days?		

We are sorry, but customers who answer “yes” to either of these questions cannot receive services right now. Please come back another time.